

SERIAL NUMBER 09/418,103	FILING DATE 10/14/99	CLASS 440	GROUP ART UNIT 3612	ATTORNEY DOCKET NO. P112459						
<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 10px;">APPLICANT</div> <div> <p>PAUL C. MCINTOSH, MOUNT VERON, WA.</p> <p>**CONTINUING DOMESTIC DATA***** VERIFIED PROVISIONAL APPLICATION NO. 60/109,862 11/24/98 <i>gs</i></p> <p>**371 (NAT'L STAGE) DATA***** VERIFIED <i>None</i></p> <p>**FOREIGN APPLICATIONS***** VERIFIED <i>None</i></p> <p>IF REQUIRED, FOREIGN FILING LICENSE GRANTED 11/04/99 ** SMALL ENTITY **</p> </div> </div>										
<table border="1" style="width: 100%;"> <tr> <td style="width: 45%;"> Foreign Priority claimed 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Verified and Acknowledged <i>gs 8/9/2000</i> </td> <td style="width: 15%;"> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance </td> <td style="width: 10%;"> STATE OR COUNTRY WA </td> <td style="width: 10%;"> SHEETS DRAWING 6 </td> <td style="width: 10%;"> TOTAL CLAIMS 20 </td> <td style="width: 10%;"> INDEPENDENT CLAIMS 3 </td> </tr> </table>					Foreign Priority claimed 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Verified and Acknowledged <i>gs 8/9/2000</i>	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY WA	SHEETS DRAWING 6	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
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<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 10px;">ADDRESS</div> <div> ROBERT B HUGHES HUGHES & SCHACHT PS 2801 MERIDIAN STREET SUITE 1 BELLINGHAM WA 98225-2412 </div> </div>										
<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 10px;">TITLE</div> <div> DEFECTING PROPELLER GUARD </div> </div>										
<table border="1" style="width: 100%;"> <tr> <td style="width: 15%;"> FILING FEE RECEIVED \$380 </td> <td style="width: 45%;"> FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following: </td> <td style="width: 40%;"> <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit </td> </tr> </table>					FILING FEE RECEIVED \$380	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			
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